

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	10/534050	FILING DATE
APPLICANT(S)		

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2					
4		2		1			
5		2	1				
6		1		1			
7		1		1			
8		1		1			
9		1		1			
10		1		1			
11		1		1			
12	0			1			
13							
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48							
49							
50							
TOTAL IND.	1		2				
TOTAL DEP.	14	←	10	←			
TOTAL CLAIMS	15		12				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.		↓			↓		↓
TOTAL CLAIMS							